

ENTRY MUST BE VERIFIED BEFORE MAILING
Exhibitor must have their FFA Advisor or 4-H Extension Unit Office representative verify their enrollment by signing below. By signing this form, I verify the exhibitor is enrolled in the FFA or 4-H Program and the project area in which the exhibitor is submitting Illinois State Fair entries.

ILLINOIS STATE FAIR JUNIOR DIVISION
ENTRY FORM FOR HORSES ONLY

MAIL ENTRIES TO: ILLINOIS STATE FAIR
COMPETITIVE EVENTS OFFICE
P. O. Box 19427
Springfield, IL 62794-9427
Phone: 217/782-0785

DEADLINE: POSTMARKED JUNE 1

Signed: _____
FFA Advisor or Extension Representative

Date: _____

IMPORTANT: SEE JR. PREMIUM BOOK FOR LIST OF RULES

Birth Date: Mo. _____ Day _____ Year _____

Name of Exhibitor _____

Address, Street or RFD _____

City or Town _____

Zip Code (required) _____

Telephone Number _____

Email _____

Social Security # (IF NEW EXHIBITOR) _____

Name of FFA Chapter or 4-H Club _____

Name of FFA Instructor or 4-H Leader _____

County _____

_____ Horsesper head (\$10.00) _____

TOTAL _____

Make Checks Payable to: ILLINOIS STATE FAIR *NO REFUNDS*
SEPARATE CHECKS FOR OPEN AND JUNIOR ENTRIES

Receipt # _____ Exhibitor # _____

ID# _____

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Signed _____ Date _____
Parent and/or Guardian

Signed _____ Date _____
Exhibitor

| CLASS# | L of L CLASS # | CLASS DESCRIPTION | REGISTRY # | BIRTH DATE | SEX | ANIMALS REGISTERED NAME |
|--------|----------------|-------------------|------------|------------|-----|-------------------------|
| JC- | JL- | | | | | |
| JC- | JL- | | | | | |
| JC- | JL- | | | | | |
| JC- | JL- | | | | | |
| JC- | JL- | | | | | |
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